



**Hannibal Housing Authority**  
P.O. Box 996 Hannibal MO 36401 (573) 221-7575



Pre Application Form

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ License State: \_\_\_\_\_

Income Source: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**Have you EVER or are currently:**

Been charged with a criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

Had a deferred adjudication against you? \_\_\_\_\_ Yes \_\_\_\_\_ No Had a Felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

On Probation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Drug or drug related problem with law enforcement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Legal problems of an illegal sexual nature? \_\_\_\_\_ Yes \_\_\_\_\_ No

Problems with weapons violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Criminal Assault? \_\_\_\_\_ Yes \_\_\_\_\_ No Child Abuse or Neglect? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received a Cease to Enter from Hannibal Housing Authority? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain Any Yes's: \_\_\_\_\_  
\_\_\_\_\_

Have you been evicted from government subsidized housing anywhere? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where? \_\_\_\_\_

Have you ever lived in government subsidized housing anywhere? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where? \_\_\_\_\_

If yes, do you owe them money? \_\_\_\_\_ Yes \_\_\_\_\_ No How much? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Is this applicant eligible for a full application? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Occupancy Specialist Signature

\_\_\_\_\_  
Date



Criminal Background Check

I authorize the Housing Authority of the City of Hannibal, Missouri to obtain a CRIMINAL BACKGROUND CHECK from the State of Missouri pertaining to any criminal activity. This is to approve or deny my housing application. A photographic copy of this signed authorization shall be as valid as the original.

I hereby release the agency used to check my background from any and all liability for any damages whatsoever for furnishing any information concerning me to the above organization. I further waive the right to personally review the above records.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of Time at This Address: \_\_\_\_\_

Previous Addresses for the Last 5 Years:

Table with 2 columns: Address, Length of time at Address. Includes three rows of blank lines for data entry.

Do you have a FELONY or DRUG record from any state: \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, explain in detail, the date and the offense:
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the above statements and accept all Housing Authority decisions as final.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant is:

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

**Housing Authority of the City of Hannibal Missouri  
APPLICATION FOR ADMISSION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Married: \_\_\_\_\_ Unmarried: \_\_\_\_\_ Separated: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Owner/Manager: \_\_\_\_\_ How Long at this Address: \_\_\_\_\_  
 Reason for Moving: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Owner/Manager: \_\_\_\_\_ How Long at this Address: \_\_\_\_\_  
 Applicant Place of Employment: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Other Family Member's Place of Employment: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Other Family Member's Place of Employment: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Persons Who Will Occupy Apartment:					(*indicates a fulltime student over 18 years of age)	
Names (enter applicant on line #1)	Sex	Age	Social Security Number	Relationship	Date/Place of Birth	
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Medical Expenses (Elderly Only) \$: \_\_\_\_\_ Childcare Expenses: \_\_\_\_\_

Credit Reference: Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Credit Reference: Other: \_\_\_\_\_ Account #: \_\_\_\_\_

In Case of Emergency Notify: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Will there be any children under 12yrs. of age left unattended at any time? \_\_\_\_\_
2. Do you have any pets? \_\_\_\_\_ Specify: \_\_\_\_\_
3. Do you own a motorcycle or other vehicular apparatus? \_\_\_\_\_
4. Have you ever lived in Public Housing or Section 8 anywhere in the United States and if so Where? \_\_\_\_\_
5. How many cars do you have? \_\_\_\_\_ Make: \_\_\_\_\_ License #: \_\_\_\_\_
6. Have you or any family member ever been arrested for drugs or drug related crimes? \_\_\_\_\_
7. Have you even had any suits, judgments, or collections filed against you? \_\_\_\_\_
8. Have you even been convicted of a felony? \_\_\_\_\_
9. Have you ever had a house or car repossessed? \_\_\_\_\_
10. Have you even been evicted or refused housing anywhere? \_\_\_\_\_

## FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public Housing agencies (PHA's) operating such housing send HUD information on tenant's income, family composition, rent, etc. which is given by tenants to PHA's when applying or being re-examined. It is transferred to HUD forms used for data collection, which may be performed by a contractor.

USE: HUD uses the information for budget development, program evaluation and planning, reporting to the President and Congress, monitoring compliance with Federal requirements, and to verify accuracy and completeness.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State, or Local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. State and local laws or regulations may govern disclosure by the Public Housing Agency.

Information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure of an individual to provide required information may result in eviction or the withdrawal of housing assistance (depending on housing program).

HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 USC, 1437 et. Seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

---

## APPLICANT/TENANT CERTIFICATION

### Applicants/Tenants Statement:

**I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State laws. I also understand that false statements or information are grounds for denial of housing or assistance, termination of housing or assistance, and termination of tenancy.**

**This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of verification of the above statement. THIS INCLUDES A POLICE CHECK. It is understood that the above information will be held in strict confidence. I also understand this application is good for only 6 months from the date of application. I must renew this application every 6 months thereafter if I desire my application to remain active.**

\_\_\_\_\_  
Head of Household Signature                      Date

\_\_\_\_\_  
Other Family Member's Signature                      Date

\_\_\_\_\_  
Other Family Member's Signature                      Date

\_\_\_\_\_  
Other Family Member's Signature                      Date



EQUAL HOUSING  
OPPORTUNITY



**Hannibal Housing Authority**

P.O. Box 996 Hannibal MO 36401 (573) 221-7575

---

**Emergency Contact Information**

**Resident Information:**

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**In Case of Emergency Notify:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Or

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_



**Hannibal Housing Authority**  
P.O. Box 996 Hannibal MO 36401 (573) 221-7575



Verification Consent Form

I consent to allow the Hannibal Housing Authority to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HHA cannot use it to delay, deny, or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or HHA, or both.

This consent form expires 15 months after completion.

**Signatures:**

Adult: (Age 18 and over)

_____	_____	_____
Head of Household	Alien #	Date
_____	_____	_____
Other Family Member	Alien#	Date
_____	_____	_____
Other Family Member	Alien#	Date
_____	_____	_____
Other Family Member	Alien#	Date

**Signatures:**

Child: (Under age 18)

_____	_____	_____	_____
Family Member Under 18	Alien #	Adult in Unit Responsible for Child	Date
_____	_____	_____	_____
Family Member Under 18	Alien #	Adult in Unit Responsible for Child	Date
_____	_____	_____	_____
Family Member Under 18	Alien #	Adult in Unit Responsible for Child	Date
_____	_____	_____	_____
Family Member Under 18	Alien #	Adult in Unit Responsible for Child	Date

IF CITIZENSHIP IS DECLARED BY ADULT, LEAVE BLANK.

### WHO MUST SIGN

In order to be eligible to receive housing assistance, each noncitizen adult or child applying for, or currently receiving, housing assistance must be lawfully within the U.S. Please read the Verification Consent Form carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

### PRIVACY ACT STATEMENT

The information on this form is being collected by the Hannibal Housing Authority to determine the applicant's eligibility for housing assistance. The HA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD), as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for the purposes of verification of the immigration status of each individual and not for any other purpose.

### PENALTIES FOR MISUSING THIS CONTENT

HUD, Hannibal Housing Authority, and any owner (or employee or HUD, the HA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected on the consent form is restricted to the purposes cited on the form. Any persons who knowingly or willfully requests, or obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA, or the owner responsible for the unauthorized disclosure or improper use.



**Hannibal Housing Authority**  
P.O. Box 996 Hannibal MO 36401 (573) 221-7575



Listing of Non-Contending Family Members

I certify, under penalty of perjury, that the person's listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

Family Members:

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
Signature of the Head of Household or Spouse

\_\_\_\_\_  
Date

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

**Instructions:** If one or more members of a family elect not to contend that he or she has eligible immigrations status, and the other members of the family establish their citizenship or eligible immigrations status, the family may be considered for assistance despite the fact that no declaration or documentation or eligible immigration status is submitted by one or more of the members of the family. The family, however, must identify to the PHA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the place provided above. The Head of Household or Spouse who is the signer must either be a citizen or have eligible immigration status.





## Hannibal Housing Authority

P.O. Box 996 Hannibal MO 36401 (573) 221-7575

---

### Landlord Reference

\_\_\_\_\_ Has made application with the Housing Authority of the City of Hannibal (HHA), and has stated he/she lived at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. May we request your cooperation in answering the following questions? Any information you submit will be kept in strict confidence and will be used for the sole purpose of determining his/her eligibility for housing. Under the laws regulating our operations, we are required to verify all information received from an applicant. A self addressed, postage paid envelope is enclosed for your reply.

Please honor the above request:

Hannibal Housing Authority

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Occupancy Specialist

1. Is this applicant presently under Section 8? \_\_\_\_yes \_\_\_\_no
2. Number of people in the household: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_
3. Premises occupied from \_\_\_\_\_ to \_\_\_\_\_.
4. Rent: \$ \_\_\_\_\_ per \_\_\_\_\_.
5. Rent paid: Promptly \_\_\_\_\_ Sometimes Late \_\_\_\_\_ Usually Late \_\_\_\_\_
6. Amount of present delinquency (if any): \_\_\_\_\_
7. Reason for the delinquency (if known): \_\_\_\_\_
8. His/Her care of property (check one): Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_
9. Indicate any problems exhibited by the family. Please provide an explanation on the reverse side if necessary. \_\_\_\_\_
10. Complaints from neighbors: Regular \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_
11. Reason for vacating (if known): \_\_\_\_\_
12. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date



Social Security/SSI Verification

Re: \_\_\_\_\_

SS#: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify assets, income, and certain expenses of all persons applying for admissions or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine the person's eligibility and/or rent.

Your prompt return of this letter will be appreciated. A self addressed stamped envelope is enclosed. If you have any questions, please call (573) 221-7575.

I hereby authorize the release of this information.

Cordially,

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Occupancy Specialist Signature and Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

If you wish, you may attach your form SSA-2458 (9-82) with all the pertinent information.

Payment Information for Applicant:

Gross Monthly Payment:

Type of Benefit:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicare Deduction Per Month: \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If more than one person in the family is receiving benefits, please indicate below:

Name:	Amount:	Type:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #



Child Support Income Verification

Re: \_\_\_\_\_

SS#: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify assets, income, and certain expenses of all persons applying for admissions or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine the person's eligibility and/or rent.

Your prompt return of this letter will be appreciated. A self addressed stamped envelope is enclosed. If you have any questions, please call (573) 221-7575.

I hereby authorize the release of this information.

Cordially,

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Occupancy Specialist Signature and Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Name of Person Paying Child Support: \_\_\_\_\_

Address: \_\_\_\_\_

Children for Whom Support is Paid:

Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Child Support Paid: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year

Remarks: \_\_\_\_\_

Is Alimony Paid: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Amount Paid: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #



Public Assistance Verification

Re: \_\_\_\_\_

SS#: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify assets, income, and certain expenses of all persons applying for admissions or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine the person's eligibility and/or rent.

Your prompt return of this letter will be appreciated. A self addressed stamped envelope is enclosed. If you have any questions, please call (573) 221-7575.

I hereby authorize the release of this information.

Cordially,

Applicant Signature and Date

Occupancy Specialist Signature and Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Total Number of Family Members: \_\_\_\_\_

Table with 2 columns: Type of Aid Given and Amount. Rows include Aid to Families with Dependant Children, General Assistance, Amount Specifically designated for shelter and utilities, Other Assistance, Total Monthly Grant, Other Income, Maximum Allowance for Rent and Utilities, and Total Amount of Assistance Given in Past 12 Months.

Remarks: \_\_\_\_\_

Authorized Signature

Date

Title

Phone #



EQUAL HOUSING OPPORTUNITY

# Hannibal Housing Authority

P.O. Box 996 Hannibal MO 36401 (573) 221-7575



## Income Verification

Re: \_\_\_\_\_

SS#: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify assets, income, and certain expenses of all persons applying for admissions or living in Federally Assisted Housing. To comply with this requirement, we ask your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine the person's eligibility and/or rent.

Your prompt return of this letter will be appreciated. A self addressed stamped envelope is enclosed. If you have any questions, please call (573) 221-7575.

I hereby authorize the release of this information.

Cordially,

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Occupancy Specialist Signature and Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

1. Employed Since: \_\_\_\_\_ Occupation: \_\_\_\_\_
2. Salary:  
Base Pay Rate: \$ \_\_\_\_\_ per (check one) \_\_\_\_\_ hour \_\_\_\_\_ bi-weekly \_\_\_\_\_ week \_\_\_\_\_ month  
Average hours at Base Rate: \_\_\_\_\_ per (check one) \_\_\_\_\_ week \_\_\_\_\_ bi-weekly \_\_\_\_\_ month
3. Overtime:  
Overtime Rate: \$ \_\_\_\_\_ per (check one) \_\_\_\_\_ hour \_\_\_\_\_ bi-weekly \_\_\_\_\_ week \_\_\_\_\_ month  
Average hours of Overtime: \_\_\_\_\_ per (check one) \_\_\_\_\_ week \_\_\_\_\_ bi-weekly \_\_\_\_\_ month  
(If no set number of hours, please take an average of Overtime for the last 12-month period)
4. Compensation not included in the above: (specify for commissions, bonuses, tips, etc.)  
For: \_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_
5. Is pay received for vacation: \_\_\_\_\_ Yes \_\_\_\_\_ No Number of days per year? \_\_\_\_\_
6. Employee Is Paid: \_\_\_\_\_ weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly
7. Total Base Pay Earnings for Last 12 Months? \_\_\_\_\_
8. Total Overtime earnings for Last 12 Months? \_\_\_\_\_
9. Employee's last pay raise was on? \_\_\_\_\_
10. Employee (check one) \_\_\_\_\_ may \_\_\_\_\_ may not anticipate a raise during the next 12 months.  
Or, on or about the following date: \_\_\_\_\_, in the amount of: \$ \_\_\_\_\_
11. Is there any medical/dental insurance amount deducted from pay? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, the amount is: \$ \_\_\_\_\_ per \_\_\_\_\_.

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6, Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation, Division of Compliance and Consumer Affairs, Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

***Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580***

Received By: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**HANNIBAL HOUSING AUTHORITY  
P O BOX 996  
HANNIBAL MO 63401**

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(i)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.